# USM-285 is a 5-part form. Fill out the form and print 6 copies. Sign as needed and coute as specified below.

U.S. Department of Justice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jermayne Williams						COURT CASE NUME	BER	
DEFENDANT Allen County Sheriff, et al.						TYPE OF PROCESS Civil		
NAME OF IND	IVIDUAL, COM	PANY, CORI	PORATION, ET	CC. TO SERVE OR DE	SCRIPT	ION OF PROPERTY TO	O SEIZE O	R CONDEM
	e Pruden, c/o							
· · · · · · · · · · · · · · · · · · ·	et or RFD, Apart			Code)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	un Street, Fort							
SEND NOTICE OF SERVICE CO	Y TO REQUES	TER AT NAM	IE AND ADDR	RESS BELOW		nber of process to be	9	
			**		serv	ved with this Form 285	9	
Christopher C. M 809 S. Calhoun S	t., Suite 400	iates				nber of parties to be red in this case	9	
Fort Wayne, IN	10802					eck for service U.S.A.		
SPECIAL INSTRUCTIONS OR O All Telephone Numbers, and Estir	nated Times Avai	lable for Serv	vice):		,,,,,,,		in the state of th	Fo
ignature of Actorney other Original	or requesting ser	vice on behalf	`of:	PLAINTIFF	TELEPH	ONE NUMBER	DATE	
Cm /	~			] defendant	260-4	24-0600	2/8/21	
SPACE BELOW FOR	R USE OF	U.S. MA	RSHAL (	NLY DO NO	T W	RITE BELOW	THIS	LINE
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submittedy	Total Process	District of Origin	District to Serve			MS Deputy or Clerk		Date
hereby certify and return that \( \bigcup \bigcup \) n the individual, company, corpora	have personally ation, etc., at the a	served , Dha ddress shown	ave legal eviden above on the o	ce of service, have n the individual , compa	executed	d as shown in "Remarks poration, etc. shown at th	", the proce e address in	ess described reserted below
I hereby certify and return that	l am unable to loc	ate the indivi	dual, company,	corporation, etc. named	above (	See remarks below)		
vame and title of individual served .	if not shown abo	ve)				A person of suita	able age and defendant's	d discretion usual place
Address (complete only different tha	n shown above)					Date	Time	
						Signature of U.S. Ma	rshal or De	puty
Total Mileage Clincluding endean		ng Fee T	otal Charges	Advance Deposits		unt owed to U.S. Marsha punt of Refund*)	іІ* ог	
					İ	\$0.0	0	
EMARKS:					•		•	

- 2. USMS RECORD
- USMS RECORD
   NOTICE OF SERVICE
   BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
   ACKNOWLEDGMENT OF RECEIPT

# USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jermayne Willia	ms						COURT CASE NUM		<u></u>
DEFENDANT Allen County Sh	eriff, et al.						TYPE OF PROCESS Civil		
€ N	AME OF INDIVID	UAL, COM	PANY, CO	PRPORATION, ET	C. TO SERVE OR DI	ESCRIPT	ION OF PROPERTY T	O SEIZE (	OR CONDEMN
· · · · ·	fficer Scott San								
<b>u</b>	DDRESS (Street or				Code)				
SEND NOTICE OF S	17 S. Calhoun S				Egg nav out				
SEND NOTICE OF			IEKAIN	AME AND ADDK			mber of process to be yed with this Form 285	9	
809 S	topher C. Myers . Calhoun St., S Vayne, IN 4680	uite 400	iates			Nur	mber of parties to be yed in this case	9	
	vayne, IN 4000	12					eck for service U.S.A.		
Au Tetephone Numi	CTIONS OR OTHE	R INFORM. Times Avai	ATION TH	IAT WILL ASSIST	IN EXPEDITING SE	RVICE (	(Include Business and )	   <u>  Alternate /</u>	<u>Addresses,</u>
<u> </u>	# # #								Fold
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	•								
Signature of Attorney	other Originator rec	questing serv	vice on beli	alfof: 🗶	PLAINTIFF	TELEPH	ONE NUMBER	DATE	
Cm	1000				DEFENDANT	260-4	24-0600	2/8/2	.1
SPACE BEI	OW FOR U	SE OF	U.S. M	ARSHAL O	NLY DO NO	OT W	RITE BELOW	THIS	LINE
l acknowledge receipt number of process ind Sign only for USM 28	for the total Tot	al Process	District of Origin			****	MS Deputy or Clerk		Date
than one USM 285 is			No	No					
hereby certify and reon the individual, con	turn that I have npany, corporation,	personally setc., at the a	served , 🗌 ddress sho	have legal evidence wn above on the on	ce of service, have the individual, comp	executed any, corp	l as shown in "Remarks oration, etc. shown at th	", the proc	ess described inserted below.
			···	ividual, company, c	corporation, etc. name	above (	See remarks below)		
Name and title of indi	vidual served (if not	shown abor	e)				A person of suite then residing in of abode	able age ar defendant'	nd discretion s usual place
Address (complete oni	ly different than sho	wn above)					Date	Time	an
	1						Signature of U.S. Ma	ırshal or D	eputy
	tal Mileage Charges cluding <i>endeavors)</i>	Forwardi	ng Fee	Total Charges	Advance Deposits		int owed to U.S. Marsh; sunt of Refund*)	il* or	
	i 	<u> </u>					\$0.0	0	
REMARKS:	* * * * * * * * * * * * * * * * * * *								
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- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- NOTICE OF SERVICE
   BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
   ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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PLAINTIFF Jermayne Williams					COURT CASE NUME	BER	
DEFENDANT Allen County Sheriff, et al.					TYPE OF PROCESS Civil		
NAME OF INDIV	DUAL, COMPANY, C	ORPORATION. ETC	C. TO SERVE OR DE	SCRIPT	ION OF PROPERTY TO	O SEIZE C	R CONDEMN
<b>\</b>	Vymer, c/o Allen C						
	or RFD, Apartment No., Street, Fort Wayne		Coae)				
SEND NOTICE OF SERVICE COPY		-	ESS BELOW	7			
· · · · · · · · · · · · · · · · · · ·		***********************			mber of process to be ved with this Form 285	9	
Christopher C. Mye 809 S. Calhoun St., Fort Wayne, IN 46	Suite 400				mber of parties to be yed in this case	9	
L					eck for service U.S.A.		
SPECIAL INSTRUCTIONS OR OTH	ER INFORMATION T	HAT WILL ASSIST	IN EXPEDITING SE	RVICE	(Include Business and A	<u>llternate A</u>	ddresses.
All Telephone Numbers, and Estimat	ed Times Avallable for	Service):					
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Signature of Attornoy other Originator	requesting service on be	[2.51	I CELIATION		ONE NUMBER	DATE	1
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PRINT 5 COPIES:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

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NAME OF INDIVID	DUAL, COMPANY, CO	RPORATION, ETC	C. TO SERVE OR DES	SCRIP1	ION OF PROPERTY TO	O SEIZE C	R CONDEM
<u> </u>	eves, c/o Allen Cou						
	r RFD, Apartment No., C		Code)				
417 S. Calhoun S	Street, Fort Wayne,	IN 46802					
SEND NOTICE OF SERVICE COPY T	O REQUESTER AT NA	AME AND ADDRI	ESS BELOW	Nu	mber of process to be		
		***************************************	***************************************	ser	ved with this Form 285	9	
Christopher C. Myers				Nu	mber of parties to be		
809 S. Calhoun St., S Fort Wayne, IN 4680					ved in this case	9	
1 oft wayne, 114 4000	V.L.			1	eck for service U.S.A.		
All Telephone Numbers, and Estimated -	d Times Available for Se	ervice);					Fo
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Signature of Attorney other Originator re	equesting service on beha	alf of:	PLAINTIFF	TELEPH	IONE NUMBER	DATE	
Signature of Attorney other Organizator re	equesting service on beha		PLAINTIFF DEFENDANT		ONE NUMBER	1	1
Cm			DEFENDANT	260-4	24-0600	2/8/2	- -
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2. USMS RECORD

3. NOTICE OF SERVICE

NOTICE OF SERVICE
 BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

### 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jermayne Williams						COURT CASE NUME	BER	
DEFENDANT Allen County Sheriff, et al.					r	TYPE OF PROCESS		
NAME OF INI	DIVIDUAL, CO	MPANY, CO	RPORATION, ET	C. TO SERVE OR DE	SCRIPTIC	ON OF PROPERTY TO	O SEIZE OF	R CONDEM!
SERVE J Officer Kev	n Dalman, c	o Allen Co	unty Jail					
W			ity, State and ZIP	Code)				
	un Street, Fo							
SEND NOTICE OF SERVICE CO	PY TO REQUE	ESTER AT NA	ME AND ADDR	ESS BELOW		per of process to be	9	
Chairtan Lan C. N	б D. A				served	i with this Form 285	,	
' Christopher C. N 809 S. Calhoun I						per of parties to be	9	
Fort Wayne, IN					servec	d in this case	9	
<u>L</u>					Check on U.	t for service S.A.		
SPECIAL INSTRUCTIONS OR ( All Telephone Numbers, and Esti	OTHER INFORI mated Times A	MATION THA vallable for Se	AT WILL ASSIST ervice):	IN EXPEDITING SE	RVICE ( <u>Ir</u>	oclude Business and A	Alternate Ad	
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Signature of Attorney other Origina	Nor requesting s	ervice on beha	[A.	PLAINTIFF DEFENDANT	TELEPHON 260-424		DATE 2/8/21	
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- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

# USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

#### U.S. Department of Justice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jermayne Wi	lliams					COURT CASE NUME	BER	
DEFENDANT Allen County	Sheriff, et ål.					TYPE OF PROCESS Civil		
	NAME OF INDIVIDU	JAL, COMPANY,	CORPORATION, E	ETC. TO SERVE OR DE	L SCRIPTI	ON OF PROPERTY TO	O SEIZE	OR CONDEMN
SERVE	Officer Kyle Poor	, c/o Allen Cou	nty Jail					
AT	ADDRESS (Street or	RFD, Apartment No	o., City, State and Zi	IP Code)				
	417 S. Calhoun St	reet, Fort Wayr	ne, IN 46802					
SEND NOTICE	OF SERVICE COPY TO	REQUESTER AT	NAME AND ADD	RESS BELOW	Nun	nber of process to be		
				***************************************	··· serv	ed with this Form 285	9	
80	hristopher C. Myers 99 S. Calhoun St., Su ort Wayne, IN 4680	ite 400				nber of parties to be ed in this case	9	
	- **	<i>-</i>			1	ck for service J.S.A.		
	;							
Signatare of Allo	rney other Originator req	uesting service on I	behalf of:	<b>X</b> PLAINTIFF	TELEPHO	ONE NUMBER	DATE	
m	100			□ defendant	260-42	24-0600	2/8/2	21
SPACE B	ELOW FOR U	SE OF U.S.	MARSHAL	ONLY DO NO	OT W	RITE BELOW	THIS	LINE
	ceipt for the total Totals indicated.	d Process District Origin		Signature of Author				Date
han one USM 28		No	No		··			
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I hereby cert	ify and return that I am u	nable to locate the i	ndividual, company	, corporation, etc. named	above (S	See remarks below)		
Name and title of	individual served (if not .	shown above)				A person of suita then residing in of of abode		
Address (complet	e only different than show	vn above)				Date	Time	□ a
	- 1 - 1 - 1 - 1					Signature of U.S. Ma	arshal or I	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits		Int owed to U.S. Marsh; unt of Refund*)	а∤* ог	
						\$0.0	0	
EMARKS:								
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	1 CLERK OF THE							

- 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

### 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jermayne Wi	illiams				COURT CAS	E NUMBER	
DEFENDANT Allen County	y Sheriff, et al.				TYPE OF PR	OCESS	
	NAME OF INDIVIDU	AL, COMPANY, CO	ORPORATION, ET	C. TO SERVE OR DE	SCRIPTION OF PROP	ERTY TO SEIZ	E OR CONDEN
SERVE AT	Officer Gary Apps ADDRESS (Street or I	, c/o Allen Coun	ty Jail				
AI	417 S. Calhoun Str			Coucy			
END NOTICE	OF SERVICE COPY TO			ESS BELOW			
					Number of process served with this Fo		
80	hristopher C <sup>i</sup> Myers a 09 S. Calhoun St., Su ort Wayne, IN 46802	ite 400			Number of parties served in this case	to be	
	- wayno, 11v 40602	•			Check for service on U.S.A.		
oreCIAL INST All Telephone I	FRUCTIONS OR OTHER Numbers, and Estimated 1	INFORMATION TI Times Available for S	IAT WILL ASSIST Pervice):	IN EXPEDITING SE	RVICE ( <u>Include Busin</u>	ess and Alterna	<u>te Addresses,</u> <u>F</u>
ignature of Atto	orney other Originator requ	uesting service on bel	nalf of:	PLAINTIFF	TELEPHONE NUMBER	DA	TE.
(200	1	)		DEFENDANT	260-424-0600		8/21
SDACE D	DELOW EOD III					The state of the s	The state of the s
acknowledge re umber of proces Sign only for US	ss indicated.	l Process District o Origin		1	ized USMS Deputy or		Date
hereby certify a n the individual	and return that $\Gamma\Box$ have $\Gamma$ , company, corporation, e	personally served , tc., at the address sho	have legal evidence wn above on the on	e of service,  have the individual, compa	executed as shown in " ny, corporation, etc. sh	Remarks", the pown at the addre	process described ess inserted below
I hereby cert	tify and return that I am ur	nable to locate the ind	lividual, company, c	corporation, etc. named	above (See remarks be	low)	
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ddress (complei	te only different than show	n above)			Date	Time	
					Signature o	f U.S. Marshal c	or Deputy
ervice Fee	Total Mileage Charges including <i>endeavors</i> )	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.! (Amount of Refund		, , , , , , , , , , , , , , , , , , , ,
						\$0.00	
EMARKS:							
RIND S COPIL	1. CLERK OF THE	COURT				PRIOR EDITIO	ONS MAY BE U

2. USMS RECORD 3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

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### form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jermayne Williams					COURT CASE NUME	BER	
DEFENDANT Allen County Sheriff, et al.		——————————————————————————————————————			TYPE OF PROCESS Civil		
NAME OF INDIVID	UAL, COMPANY, CO	ORPORATION, ET	C. TO SERVE OR DE	SCRIPT	ION OF PROPERTY TO	O SEIZE O	R CONDEMN
· · · · · · · · · · · · · · · · · · ·	Stump, c/o Allen C						
*** 0	RFD, Apartment No.,	•	Code)				
SEND NOTICE OF SERVICE COPY TO	treet, Fort Wayne,		COUNTY ON	<sub>1</sub>		7	
SERVICE COLL TO	O REQUESTER AT N		ESS DELOW		mber of process to be ved with this Form 285	9	
Christopher C. Myers 809 S. Calhoun St., S Fort Wayne, IN 4680	uite 400				mber of parties to be yed in this case	9	
				1	eck for service U.S.A.		
Signature of Attorney other Griginator rec	questing service on bel	nalf of:	PLAINTIFF	TELEPH	ONE NUMBER	DATE	
Signature of Attorney other Originator rec	questing service on bel	nalf of:	PLAINTIFF DEFENDANT		ONE NUMBER 124-0600	DATE 2/8/21	
Cu Ans	(		DEFENDANT	260-4	24-0600	2/8/21	
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- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

# is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

#### U.S. Department of Justice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jermayne Williams						COURT CASE NUMI	BER	
DEFENDANT Allen County Sheriff, et al.					- 1	TYPE OF PROCESS Civil		
NAME OF IND	IVIDUAL, CON	MPANY, CO	RPORATION, ET	C. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY T	O SEIZE OR CO	NDEM
SERVE Allen County								
	•		City, State and ZIP	•				
			ort Wayne, IN					
END NOTICE OF SERVICE COF	Y TO REQUES	STER AT NA	AME AND ADDRI	ESS BELOW		nber of process to be ed with this Form 285	9	
Christopher C. M 809 S. Calhoun S Fort Wayne, IN	t., Suite 400	ciates				nber of parties to be ed in this case	9	
Fort wayne, IN	10802				1	ck for service J.S.A.		
ignature of Attorney other Originat	or requesting sea	rvice on beha		LEADING		ONE NUMBER	DATE	
In An		.,,,	Ê	DEFENDANT	260-42	24-0600	2/8/21	VF.
SPACE BELOW FOI acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more:		.,,,	ARSHAL O	DEFENDANT	260-42 T <b>W</b> ]	24-0600 RITE BELOW	2/8/21	
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